



TOSHA INSTRUCTION

TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY & HEALTH

DIRECTIVE NUMBER: IRT-TN 01-00-004

EFFECTIVE DATE: April 15, 2015

SUBJECT: Citation and Form Letter Processing on the Personal Computer.

Abstract

- Purpose:** This is an update to the instruction that provides guidance for the creation of form letters and citations on the personal computer. It also sets policy for the use of form letters.
- Scope:** This directive applies to all TOSHA compliance offices, support personnel and TOSHA staff using the PC to create compliance letters or citations.
- Cancellations:** TOSHA Directive IRT-TN 01-00-004 Citation and Form Letter Processing on the Personal Computer, August 3, 2012.
- Changes:** Content of Letters has been moved to OSHA Information System (OIS)
- Action Offices:** All TOSHA offices utilizing the personal computer to generate citations, forms and letters.
- Contact:** Manager of Standards and Procedures.

Executive Summary

This instruction provides a revision to the documents used in the production of inspection related activities on the personal computer. The documents include citations, letters, abatement forms, penalty notices and some other miscellaneous items. Health, Safety and Public Sector branches of the compliance program currently use the templates that are included in this instruction. There are samples of each form letter template, citation, and other inspection related document located in Appendix A of this instruction. A brief explanation of each document is included in section II of this instruction.

Approval Required: Only letters contained within this instruction may be used in the conduct of compliance case-related activities. Any letter or other citation related document not contained in this instruction must be approved by the TOSHA Administrator and submitted to the Manager of Standards and Procedures for processing.

TOSHA and OSHA numbered forms are not included in this instruction but do require approval or authorization for use.

Significant Changes

- This instruction replaces the TOSHA instruction dated August 3, 2012. After transferring any notes or personalized information from the old instruction, discard it.
- The Citation and Notification of Penalty letter has been edited to clarify the information required of the employer when requesting extension of abatement.
- Instructions to the abatement certification form were modified.
- See Section VII for a description of each letter.

I. INTRODUCTION

- A. All approved letters have been uploaded to OIS.
- B. All letters and forms must be approved by the Administrator of TOSHA. To insure that this requirement is met, use only the letters and citation formats included in this instruction in the preparation of case related documentation.
- C. Submit any proposed or new letters and/or other case related documents to the Manager of Standards and Procedures for processing prior to submission to the TOSHA Administrator for approval.

- II. **LETTERS.** The following table contains the name of the letter, followed by the activity type in which it can be located.

Letter Name	Activity Type	Description	Apndx Pge
Abatement Failure to Certify	Inspection	Past due abatements	7
Abatement PMA Approval	Inspection	PMA approved to employer	8
Abatement Progress Report	Inspection	Advises employer progress report received and next reporting date.	9
Abatement Progress Report with extension	Inspection	Advises employer progress report received and new abatement dates	10
Abatement Verification Response with Extension	Inspection	Advises employer partial abatement is accepted and abatement dates remaining items	11
Amended Citation	Inspection	Format for amended citations	12
CBL to Employer PUBLIC SECTOR	Unprogrammed Activity	Initial letter to employer	14
CBL Fax Coversheet	Unprogrammed Activity	Fax coversheet	15
CBL to Complainant	Unprogrammed Activity	Notification to complainant letter sent to employer	16
CBL to Complainant Satisfactory Response from ER	Unprogrammed Activity	Notification to employee that TOSHA has received response from employer	17
CBL to Complainant Satisfactory Response from ER PUBLIC SECTOR	Unprogrammed Activity	Notification to employee that TOSHA has received response from employer	18

CBL to Employer	Unprogrammed Activity	Initial letter to employer	19
CBL to Employer Let Us Know When Corrected	Unprogrammed Activity	Letter to employer who has requested more time to respond to informal	21
CBL to Employer Adequate Response	Unprogrammed Activity	Acknowledges adequate response from employer	22
CBL to Employer Adequate Response PUBLIC SECTOR	Unprogrammed Activity	Acknowledges adequate response from employer	23
CBL to Employer Dunning	Unprogrammed Activity	Advises employer response overdue	24
Complainant – Inspection with Citations	Unprogrammed Activity	Explains to complainant finding of inspection with citations	25
Complainant – No Jurisdiction	Unprogrammed Activity	Explains reason no inspection was conducted	26
Complainant – Inspection No Citations	Unprogrammed Activity	Explains to complainant finding of inspection without citations	27
Failure to Certify Abatement	Inspection	Citation for failure to certify abatement	29
FATALITY Next of Kin Citations English	Inspection	Self-explanatory	31
FATALITY Next of Kin Citations Spanish	Inspection	Self-explanatory	32
FATALITY Next of Kin Informal Conference English	Inspection	Self-explanatory	33
FATALITY Next of Kin Informal Conference Spanish	Inspection	Self-explanatory	34
FATALITY Next of Kin Initial English	Inspection	Self-explanatory	35
FATALITY Next of Kin Initial Spanish	Inspection	Self-explanatory	36
FATALITY Next of Kin No Citations – Closed Spanish	Inspection	Self-explanatory	37
FATALITY Next of Kin No Citations - Closed English	Inspection	Self-explanatory	38
FATALITY Next of Kin Review Commission English	Inspection	Self-explanatory	39

FATALITY Next of Kin Review Commission Spanish	Inspection	Self-explanatory	40
Inspection Unclaimed Citation	Inspection	Explains to employer 2 attempts were made to deliver citations	41
Inspection No Citations	Inspection	Advises employer results of inspection without citations	42
Inspection No Citations with Sampling	Inspection	Advises employer results of inspection without citations and sampling results	43
Inspection with Citations Sampling	Inspection	Advises employer that citations are issued and sampling results	45
PUBLIC SECTOR Complainant Inspection with Citations	Unprogrammed Activity	Explains to complainant finding of inspection with citations	47
PUBLIC SECTOR Inspection with citations	Inspection	Restates all of the information in citation package on the page before the citation package	48
PUBLIC SECTOR Inspection No Citations	Inspection	Advises employer results of inspection without citations	49
RRI to Employer	Unprogrammed Activity	Rapid Response Inquiry packet	50
RRI to Employer Adequate Response	Unprogrammed Activity	Notifies employer RRI response is adequate	51
TN_OSHA2	Inspection	Citation	53
TN_OSHA2B FTA Failure to Abate Notification	Inspection	FTA Notification	62
TN_Public Sector OSHA2	Inspection	Citation	70

APPENDIX: Letter Content provided for Informational Purposes

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: CSHO No.: \${cshoID}-\${Opt_Insp_No}
Inspection No.: \${InspectionNumber}

Dear \${Honorific} \${ERLastName}:

On \${Inspection_Date}, the Tennessee Occupational Safety and Health Administration (TOSHA) conducted an inspection at your worksite which resulted in citations for violations of the TOSHA standards.

A review of our records indicates that you have not submitted all the necessary documentation for corrective action taken on the following items which are past due:

Citation Number	Item Number	Original Correction Date

In accordance with Tennessee Department of Labor Rule 0800-1-4-.23(4)-Abatement Certification, **if an abatement letter is not received in our office by , a citation along with corresponding penalty will be issued for Failure to Certify Abatement of the cited items.**

You may submit the abatement documentation by fax to \${Area_Office_Fax}, or by mail to the above referenced TOSHA office. An “Abatement Certification Form” is enclosed with this letter to document the corrective action taken. The documentation must also include the employer's signature.

If you have any questions, please contact me at \${Office_Number}.

Sincerely,

\${SupervisorName}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: CSHO No.: \${cshoID}-\${Opt_Insp_No}
Inspection No.: \${InspectionNumber}

Dear \${Honorific} \${ERLastName}:

We have received your petition for modification of the correction period(s) specified on the above referenced citation issued to you as a result of the occupational safety inspection conducted on \${Inspection_Date}. The modification of correction period(s) hereby granted applied only to the specific item(s) of the referenced citation as listed below.

Citation Number	Item Number	Original Correction Date	Modified Correction Date

Post this letter, or a copy, with the violation item it changes. Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

Sincerely,

\${SupervisorName}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: CSHO No.: \${cshoID}-\${Opt_Insp_No}
Inspection No.: \${InspectionNumber}

Dear \${Honorific} \${ERLastName}:

Thank you for the report we received which indicates progress toward correction of citations issued to your company. We received your report and found your progress to be acceptable at this time. Your next progress report will be due .

We appreciate the steps you have taken toward correction of the violations. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

\${SupervisorName}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: CSHO No.: \${cshoID}-\${Opt_Insp_No}
Inspection No.: \${InspectionNumber}

Dear \${Honorific} \${ERLastName}:

Thank you for the report we received which indicates progress toward correction of citations issued to your company. We reviewed your report and found your progress to be acceptable at this time. Your next progress report will be due .

Also we have received your request for additional time to correct the violations issued to your company. The new correction dates are listed in the table below:

Citation Number	Item Number	Last Correction Date	Modified (New) Correction Date

Post this letter, or a copy, with the violation item it changes. Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

We appreciate the steps you have taken toward correction of the violations. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

\${SupervisorName}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: CSHO No.: \${cshoID}-\${Opt_Insp_No}
Inspection No.: \${InspectionNumber}

Dear \${Honorific} \${ERLastName}:

Thank you for your letter dated . Based on the information you have provided, item number(s) are now considered corrected.

In your letter you also indicated that you will need additional time to correct the remaining items. The new correction dates are listed in the table below:

Citation Number	Item Number	Last Correction Date	Modified (New) Correction Date

Post this letter, or a copy, with the violation item it changes. Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

We appreciate the steps you have taken toward correction of the violations. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

\${SupervisorName}
Area Supervisor

State of Tennessee

Department of Labor and Workforce Development
 220 French Landing Drive
 Nashville, TN 37243
 Phone: 615-741-2793 Fax: 615-253-1623

Amended Citation and Notification of Penalty

To:

\${estab_name}
 [#if Establishmentdba != 'UNKNOWN'] \${Establishmentdba} [/#if]
 and its successors
 \${estab_str1} [#if estab_str2 != 'UNKNOWN'], \${estab_str2}
 [/#if] \${estab_city}, \${estab_state} \${estab_zip}

Inspection Number: \${insp_no}**Inspection Date (s):** \${insp_date_from}**Reporting ID:** \${R_id}**CSHO ID:** \${Csh_id}**Optional Report #:** [#if Op_rept_no != 'UNKNOWN'] \${Op_rept_no} [/#if]**Inspection Site:**

\${site_str1} [#if site_str2 != 'UNKNOWN'], \${site_str2} [/#if]
 \${site_city}, \${site_state} \${site_zip}

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

T.C.A § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require citations (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The amended citation shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days. Failure to post the amended citation(s) subjects the employer to a penalty of \$3,000.00 for each citation not posted. Equipment, referenced in this Citation, that is moved during the correction period must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

Amendments to the original citation(s) are as follows:

CITATION NO. [FOR SERIOUS OTHER THAN SERIOUS VIOLATION ISSUED ON [IS AMENDED ONLY AS SET FORTH BELOW:

The proposed penalty in the amount of \$[for alleged Violation Item No. [is hereby modified to \$[.

Alleged Violation Item No. [(and the associated proposed penalty in the amount of \$[) is/are hereby deleted in its/their entirety.

Alleged Violation Item No. [is hereby amended to read as follows:

Alleged Violation Item No. [is hereby reduced to Nonserious status and the associated proposed penalty is hereby modified to \$[.

Alleged Violation Item No. [shall hereafter be referred to as (Serious/Nonserious) Violation Item No. [(and the associated proposed penalty is hereby modified to \$[).

The penalty originally assessed for the amount of \$ is hereby amended: The **new total penalty** including both the modified penalties described above and those penalty amounts that were included in the original Citation and Notification of Penalty that have not been modified by this amendment is now \$.

Steve Hawkins, Administrator Date

Division of Occupational Safety and Health

\${Honorific} \${ERFirstName} \${ERLastName} [if ERTitle != "]
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${ComplRecdDate}, the Tennessee Occupational Safety and Health Administration (TOSHA) received a complaint concerning hazards at \${SiteStreet} in \${SiteCity}, Tennessee. The specific nature of the complaint involves the following:

\${ComplaintText}

We have not determined whether the hazards, as alleged, exist at your workplace; and we are not conducting an inspection at this time. However, since allegations of violations have been made, you should investigate the alleged conditions and make any necessary corrections or modifications. Within (five) 5 working days or less of your receipt of this letter, please advise us in writing of your findings and of the action you have taken. Your response should be detailed, stating specifically what action you have taken to correct any hazards. You should enclose any supporting documentation on the action you have taken, such as monitoring results, new equipment, purchase orders, as well as photographs of the corrected condition. Please send your response to Tom Herrod, Manager of Public Sector, 220 French Landing Dr Nashville, TN 37243.

This letter is not a citation nor is it a notification of proposed penalty which, according to the Tennessee Occupational Safety and Health Act of 1972, as amended, may be issued only after an inspection or investigation of the workplace. If we do not receive a response from you within 5 working days indicating that appropriate action has been taken or that no hazard exists and why, an inspection may be conducted. In addition, to assure that the employer has taken the corrective action asserted in the response, random inspections are periodically conducted.

Finally, any action taken by you in this matter will not automatically remove your workplace from the possibility of an unannounced inspection by duly authorized representatives of TOSHA in accordance with routine scheduling procedures currently in effect.

You are requested to post a copy of this letter and your responses to it where it will be readily accessible for review by all your employees.

If you have any questions concerning this matter, please contact our office at 615-532-0193. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

Tom Herrod
Public Sector Manager

\${Supervisor}
 Compliance Supervisor
 Tennessee OSHA
 \${AOSTreet}
 \${AOCity}, TN \${AOZip}
[\\${SupervisorEmail}](#)
 \${AreaOfficeFax}

facsimile transmittal

TO:	\${ERContactFirst} \${ERContactLast}	DATE:	\${FaxDate}
FROM:	\${Supervisor}	FAX:	[#if ERFaxNumber != 'UNKNOWN'] \${ERFaxNumber} [/#if]
Re:	Complaint # \${ComplaintNumber}	Email:	\${ERemail}
		Number of Pages:	\${NumberofPages}

Note: Written response required within 5 working days

\${Honorific} \${CompFirstName} \${CompLastName} [#if CompTitle != "]
\${CompTitle} [/#if]
\${CompMailStreet1} [#if CompMailStreet2 != 'UNKNOWN']
\${CompMailStreet2} [/#if]
\${CompCity}, \${CompState} \${CompZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${CompLastName}:

In response to your complaint of safety and health hazards at \${EstablishmentName}, the Tennessee Occupational Safety and Health Administration (TOSHA) has notified the company representative requesting that the appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information.

We have not revealed your identity to the employer. However, state law does not protect your name from being revealed unless you specifically request that it not be revealed. If you have not already stated that you do not want your name revealed, please let us know that fact as soon as possible. When we receive additional information from the employer, a copy of the response will be sent to you.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA. You should file such a complaint as soon as possible since TOSHA normally can only accept complaints filed within thirty (30) days of the alleged discriminatory action. To file a discrimination complaint contact the Discrimination Coordinator, Tennessee Department of Labor and Workforce Development – TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

\${SupervisorName}
Area Supervisor

\${Honorific} \${CompFirstName} \${CompLastName} [#if CompTitle != "]
\${CompTitle} [/#if]
\${CompMailStreet1} [#if CompMailStreet2 != 'UNKNOWN']
\${CompMailStreet2} [/#if]
\${CompCity}, \${CompState} \${CompZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${CompLastName}:

The employer representative has advised TOSHA that the hazards your complaint alleged have been investigated. A copy of the employer's response is enclosed.

With this information, TOSHA feels the case can be closed on the grounds that the hazardous conditions have been corrected or no longer exist. If you do not agree that the hazards you complained about have been satisfactorily corrected, please contact us within five (5) days of receipt of this letter. If you do not respond, we will assume that the hazard has been corrected or eliminated and will take no further action with respect to this case.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA. You should file such a complaint as soon as possible as TOSHA may only accept complaints filed within thirty (30) days of the alleged discriminatory action. To file a discrimination complaint contact the Discrimination Coordinator, Tennessee Department of Labor and Workforce Development – TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510

Sincerely,

\${SupervisorName}
Area Supervisor

Enclosure

\${Honorific} \${CompFirstName} \${CompLastName} [#if CompTitle != ""]
\${CompTitle} [/#if]
\${CompMailStreet1} [#if CompMailStreet2 != 'UNKNOWN']
\${CompMailStreet2} [/#if]
\${CompCity}, \${CompState} \${CompZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${CompLastName}:

The employer representative has advised TOSHA that the hazards your complaint alleged have been investigated. A copy of the employer's response is enclosed.

With this information, TOSHA feels the case can be closed on the grounds that the hazardous conditions have been corrected or no longer exist. If you do not agree that the hazards you complained about have been satisfactorily corrected, please contact us within five (5) days of receipt of this letter. If you do not respond, we will assume that the hazard has been corrected or eliminated and will take no further action with respect to this case.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA. You should file such a complaint as soon as possible as TOSHA may only accept complaints filed within thirty (30) days of the alleged discriminatory action. To file a discrimination complaint contact the Discrimination Coordinator, Tennessee Department of Labor and Workforce Development – TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510

Sincerely,

Tom Herrod
Public Sector Manager

\${Honorific} \${ERFirstName} \${ERLastName}{#if ERTitle != ""
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1}{#if EstablishmentMailStreet2 != 'UNKNOWN'}
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${ComplRecdDate}, the Tennessee Occupational Safety and Health Administration (TOSHA) received a complaint concerning hazards at your worksite at \${SiteStreet} in \${SiteCity}, Tennessee. The specific nature of the complaint involves the following:

\${ComplaintText}

We have not determined whether the hazards, as alleged, exist at your workplace; and we are not conducting an inspection at this time. However, since allegations of violations have been made, you should investigate the alleged conditions and make any necessary corrections or modifications. Within (five) 5 working days or less of your receipt of this letter, please advise us in writing of your findings and of the action you have taken. Your response should be detailed, stating specifically what action you have taken to correct any hazards. You should enclose any supporting documentation on the action you have taken, such as monitoring results, new equipment, purchase orders, as well as photographs of the corrected condition. Please send your response to \${Supervisor}, Area Supervisor, \${AreaOfficeStreet} \${AreaOfficeCity}, TN \${AreaOfficeZIP}.

This letter is not a citation nor is it a notification of proposed penalty which, according to the Tennessee Occupational Safety and Health Act of 1972, as amended, may be issued only after an inspection or investigation of the workplace. If we do not receive a response from you within 5 working days indicating that appropriate action has been taken or that no hazard exists and why, an inspection may be conducted. In addition, to assure that the employer has taken the corrective action asserted in the response, random inspections are periodically conducted.

Finally, any action taken by you in this matter will not automatically remove your workplace from the possibility of an unannounced inspection by duly authorized representatives of TOSHA in accordance with routine scheduling procedures currently in effect.

You are requested to post a copy of this letter and your responses to it where it will be readily accessible for review by all your employees.

If you have any questions concerning this matter, please contact our office at \${AreaOfficePhone}. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

\${Supervisor}
Area Supervisor

CERTIFICATE OF POSTING
TOSHA NOTIFICATION OF ALLEGED HAZARDS

RE: Complaint Number \${ComplaintNumber}

Date of Posting: _____

Date Copy Given to an Employee Representative (if applicable): _____

On behalf of the employer, I certify that a copy of the complaint letter received from the Tennessee Department of Labor and Workforce Development, Tennessee Occupational Safety and Health Administration (TOSHA), has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the alleged hazardous condition(s) occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) working days or until any hazardous conditions found are corrected.

(Signature)

(Title)

(Employer/Establishment Name)

\${Honorific} \${ERFirstName} \${ERLastName}[#if ERTitle != "]
 \${ERTitle} [/#if]
 \${EstablishmentName}
 \${EstablishmentMailStreet1}[#if EstablishmentMailStreet2 != 'UNKNOWN']
 \${EstablishmentMailStreet2} [/#if]
 \${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${LetterRecievedDate}, this office received your response to our letter concerning Complaint No. \${ComplaintNumber}. Your letter requested until \${RequestedExtDate} to correct the alleged hazardous condition. This date is deemed to be an appropriate request and acceptable to this office.

Please provide justification for an extension of the time needed for correction if you cannot meet this date.

At the time of final abatement, please submit to us in writing your notice of corrective action. If we do not receive a response from you indicating what specific corrective actions you have taken or requesting additional time to complete corrective action by \${ResponseDueDate}, an inspection may be conducted. TOSHA selects for inspection a random sample of cases where we have received letters in which employers have indicated satisfactory corrective action. This policy has been established to ensure that employers have actually taken the action asserted in their letter.

If you have any questions concerning this matter, please contact our office. Your personal support and interest in the safety and health of your employees is appreciated.

Respectfully,

\${Supervisor}
 Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName} [#if ERTitle != "]
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${LetterSentDate}, the Tennessee Occupational Safety and Health Administration (TOSHA) sent a letter to notify you of alleged safety and/or health hazards at your worksite. Your response to these allegations has been received in our office.

Based on our review of the information you provided in your response to these alleged hazards, we have determined that our file on this matter can be closed, and no further action on this complaint is anticipated at this time.

Please note, however, that the complainant will also be given the opportunity to review the information provided in your response. If the complainant disputes the accuracy of the response, it may be necessary for TOSHA to contact you for additional information or documentation of corrective action in order to resolve these issues. In some situations, it may be necessary to conduct an inspection of your workplace.

We appreciate your prompt response to these allegations. Please feel free to contact this office if you have any questions.

Sincerely,

\${Supervisor}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName} [#if ERTitle != "]
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${LetterSentDate}, the Tennessee Occupational Safety and Health Administration (TOSHA) sent a letter to notify you of alleged safety and/or health hazards at your worksite. Your response to these allegations has been received in our office.

Based on our review of the information you provided in your response to these alleged hazards, we have determined that our file on this matter can be closed, and no further action on this complaint is anticipated at this time.

Please note, however, that the complainant will also be given the opportunity to review the information provided in your response. If the complainant disputes the accuracy of the response, it may be necessary for TOSHA to contact you for additional information or documentation of corrective action in order to resolve these issues. In some situations, it may be necessary to conduct an inspection of your workplace.

We appreciate your prompt response to these allegations. Please feel free to contact this office if you have any questions.

Sincerely,

\${Honorific} \${ERFirstName} \${ERLastName} [#if ERTitle != '']
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${CBLSentDate}, this office sent to you a letter concerning alleged occupational safety and health hazards at your establishment. A copy of the letter is enclosed.

We have not received a reply from you concerning these allegations. Please advise this office of your findings and of any corrective action you have taken within three (3) days. If we do not hear from you, an inspection may be scheduled.

TOSHA selects for inspection a random sample of cases where we have received letters in which employers have indicated satisfactory corrective action. This policy has been established to ensure that employers have actually taken the action asserted in their letter. A copy of this letter is being sent to the person reporting the hazardous conditions.

Your cooperation in this matter is appreciated.

Sincerely,

\${Supervisor}
Area Supervisor

Enclosure

\${Honorific} \${ComplainantFName} \${ComplainantLName}
\${ComplainantMailStreet1} [#if ComplainantMailStreet2 != 'UNKNOWN']
\${ComplainantMailStreet2} [/#if]
\${ComplainantCity}, \${ComplainantState} \${ComplainantZip}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ComplainantLName}:

In response to your complaint concerning hazards at \${EstablishmentName} in \${EstablishmentSiteCity}, Tennessee, the Tennessee Occupational Safety and Health Administration (TOSHA) conducted an inspection. That inspection (# \${InspectionNumber}) was initiated on \${InspOpenDate}.

The results of our inspection of your complaint items are as follows:

\${ComplaintItemsEvaluation}

Attached for your information, is a copy of the TNOSHA-2, Citation and Notification of Penalty, which was sent to your employer, and should have been posted at the workplace for at least three (3) days after receipt.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety or health activity. If you believe that you have been or are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since TOSHA and OSHA normally can accept only those complaints filed within thirty (30) days of the alleged discriminatory action/discharge. To file a discrimination complaint contact the Discrimination Coordinator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

If you would like to discuss this matter further please feel free to contact me at \${AreaOfficePhone}.

Sincerely,

\${Supervisor}
Area Supervisor

Enclosure

\${Honorific} \${ComplainantFName} \${ComplainantLName}
 \${ComplainantMailStreet1} [#if ComplainantMailStreet2 != 'UNKNOWN']
 \${ComplainantMailStreet2} [/#if]
 \${ComplainantCity}, \${ComplainantState} \${ComplainantZip}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ComplainantLName}:

Your complaint alleging violations of the Tennessee Occupational Safety and Health Act at \${EstablishmentName} in \${EstablishmentSiteCity}, was received in our office on \${CompRecdDate}

We have determined not to conduct an investigation due to the following reason(s):

1. A thorough evaluation of the complaint does not establish reasonable grounds to believe a violation or danger exists, e.g., the conditions alleged are not covered by a standard or by T.C.A. § 50-3-105(1), or, the complaint is so vague and unsubstantiated that we are unable to make a reasonable judgment as to the nature of the workplace hazard.
2. The complaint concerns a workplace condition which has no direct relationship to safety or health; or which does not threaten physical harm.
3. As a result of a recent inspection or on the basis of other objective evidence, we believe that the hazard of which you complained (is not present) (has been corrected) (will shortly be corrected).
4. The complaint does not fall within TOSHA's jurisdiction because . Your complaint has, therefore been referred to .

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety or health activity. If you believe that you have been or are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since TOSHA and OSHA normally can accept only those complaints filed within thirty (30) days of the alleged discriminatory action/discharge To file a discrimination complaint contact the Discrimination Coordinator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

If you would like to discuss this matter further please feel free to contact me at \${AreaOfficePhone}.

Sincerely,

\${Supervisor}
 Area Supervisor

Enclosure

\${Honorific} \${ComplainantFName} \${ComplainantLName}
\${ComplainantMailStreet1} [#if ComplainantMailStreet2 != 'UNKNOWN']
\${ComplainantMailStreet2} [/#if]
\${ComplainantCity}, \${ComplainantState} \${ComplainantZip}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ComplainantLName}:

Your complaint alleging violations of the Tennessee Occupational Safety and Health Act at
\${EstablishmentName} at \${EstablishmentSiteStreet} in \${EstablishmentSiteCity},
\${EstablishmentSiteState} was received in our office on \${ComplaintRecDate}.

On \${InspectionDate}, an occupational safety and health inspection (Inspection Number: \${InspectionNumber})
was conducted at the facility by \${cshoFName} \${cshoLName} of our staff to determine if there were any
violations of the Act. No citations will be issued as a result of this inspection.

The items on your complaint were evaluated as follows:

\${ComplaintText}

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or
discharge because of their involvement in protected safety or health activity. If you believe that you have been
or are being treated differently or action is being taken against you because of your safety or health activity, you
may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since
TOSHA and OSHA normally can accept only those complaints filed within thirty (30) days of the alleged
discriminatory action/discharge. To file a discrimination complaint contact the Administrator, Tennessee
Department of Labor and Workforce Development – TOSHA, 220 French Landing Drive, Nashville, TN
37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

If you would like to discuss this matter further please feel free to contact me at \${AreaOfficePhone}.

Sincerely,

\${SupervisorFName} \${SupervisorLName}
Area Supervisor

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State of Tennessee

Department of Labor and Workforce Development
 220 French Landing Drive
 Nashville, TN 37243
 Phone: 615-741-2793 Fax: 615-253-1623

Failure to Certify Abatement

To:

`${estab_name}[/#if Establishmentdba != 'UNKNOWN'] dba ${Establishmentdba} [/#if]`
 and its successors
`${estab_str1}[/#if estab_str2 != 'UNKNOWN'], ${estab_str2}`
`[/#if] ${estab_city}, ${estab_state} ${estab_zip}`

Inspection Number: `${insp_no}`

Inspection Date (s): `${insp_date_from}`

Reporting ID: `${R_id}`

CSHO ID: `${Csh_id}`

Optional Report #: `[/#if Op_rept_no != 'UNKNOWN']${Op_rept_no}[/#if]`

Inspection Site:

`${site_str1}[/#if site_str2 != 'UNKNOWN'], ${site_str2}[/#if]`
`${site_city}, ${site_state} ${site_zip}`

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

T.C.A § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require citations (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The amended citation shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days. Failure to post the amended citation(s) subjects the employer to a penalty of \$3,000.00 for each citation not posted. Equipment, referenced in this Citation, that is moved during the correction period must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

Amendments to the original citation(s) are as follows:

CITATION NO. ****** Item ****** : Other than serious

TDLWD Rule 0800-1-4-.23(4)(a): The employer did not certify to TOSHA, within 10 days after the abatement date, that each cited violation from inspection #`${insp_no}` has been abated.

In that the employer has not provided any certification of abatement for the following cited item(s) requiring abatement and certification of abatement, issued as a result of inspection #`${insp_no}`. Specifically, the employer did not certify abatement of:

Date By Which Violation Must Be Abated: (date)

Proposed Penalty: (penalty amount)

Steve Hawkins, Administrator Date
Division of Occupational Safety and Health

\${NOKfirstname} \${NOKlastname}
\${NOKmailingaddress1} [#if NOKmailingaddress2 != 'UNKNOWN']
\${NOKmailingaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Dear \${honorific} \${NOKlastname}:

We are writing to share with you the findings of the recent Tennessee Occupational Safety and Health Administration (TOSHA) investigation into the death of your family member, \${VictimFirstName} \${VictimLastName}.

[Insert one or two sentences on the cause of the accident or death if possible. For example: TOSHA's investigation alleges that the trench Mr. Jones was working in was not properly sloped or shored and no cave-in protection such as a trench box was provided. Rain on the day of the accident and heavy equipment operating nearby likely increased the risk of a cave-in]

Enclosed is a copy of the Citation and Notification of Penalty that was issued to \${establishmentname}. TOSHA citations state the alleged violations of safety and health standards at the worksite.

[Describe which, if any, citations were determined by TOSHA to be associated with the fatality. Example: TOSHA alleges that Citation [X], Item [X] was specifically associated with Mr./Ms._____'s death OR In this case none of the alleged violations were determined by TOSHA to be specifically associated with Mr./Ms._____'s death.]

We would like to empathize that, under the Tennessee Occupational Safety and Health Act, although civil penalties that TOSHA imposes are based in part on the severity of the violations, they are in no way a measurement of the magnitude of the death that has occurred. Penalties may be reduced from the maximum allowable by law based on the company's size and history of previous violations. In some cases, penalties may be reduced in exchange for a company's prompt correction of problems in order to protect other employees at the site and to resolve the hazards promptly. Our office will notify you of any modifications to the citations or penalties in this case. Please let us know if you would like to have a copy of the releasable portions of our investigative file.

If you have any questions about our investigation or any of the information enclosed please contact us at 1-800-249-8510. We hope the enclosed information will be useful to you.

Sincerely,

\${Supervisor}
Area Office Supervisor

\${NOKfirstname} \${NOKlastname}
 \${NOKstreetaddress1} [if NOKstreetaddress2 != 'UNKNOWN'],
 \${NOKstreetaddress2} [if]
 \${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Estimado(a) \${NOKhonorific} \${NOKlastname}:

Le escribimos para compartir con usted los hallazgos de la reciente investigación que ha conducido la Administración de Seguridad y Bienestar Laboral de Tennessee (Tennessee Occupational Safety and Health Administration - TOSHA) sobre el fallecimiento de su [husband, mother, wife, son, etc...].

[Insert one or two sentences on the cause of the accident or death if possible. For example: TOSHA's investigation alleges that the trench Mr. Jones was working in was not properly sloped or shored and no cave-in protection such as a trench box was provided. Rain on the day of the accident and heavy equipment operating nearby likely increased the risk of a cave-in.]

Adjuntamos una copia de la Citación y Aviso de Sanción (Citation and Notification of Penalty) que fue entregada a \${establishmentname}. Las citaciones de TOSHA exponen las presuntas infracciones a las normas de salud y seguridad en el sitio de trabajo.

[Describe which, if any, citations were determined by TOSHA to be associated with the fatality. Example: TOSHA alleges that Citation [X], Item [X] was specifically associated with Mr./Ms. _____'s death. OR In this case, none of the alleged violations were determined by TOSHA to be specifically associated with Mr./Ms. _____'s death.]

Deseamos enfatizar que, conforme a la Ley de Seguridad y Bienestar Laboral de Tennessee (Tennessee Occupational Safety and Health Act), si bien las sanciones civiles que impone TOSHA se basan parcialmente en la gravedad de las infracciones, no cuantifican de forma alguna la magnitud de la muerte que ha ocurrido. Las sanciones se pueden reducir del nivel máximo autorizado por la ley de acuerdo al tamaño de la compañía y a su historial de infracciones previas. En algunos casos, las sanciones se pueden reducir a cambio de la corrección pronta del problema por parte de la compañía a fin de proteger a otros empleados en el sitio y resolver prontamente los peligros. Nuestra oficina le notificará de cualquier modificación que se haga a las citaciones o sanciones relacionadas con este caso. Por favor háganos saber si desea recibir una copia de las porciones de nuestro archivo de investigación que estemos autorizados a divulgar.

Si tiene preguntas sobre nuestra investigación o la información que hemos adjuntado, por favor contáctenos llamando al teléfono 1-800-249-8510. Esperamos que le sea útil la información adjunta.

Atentamente,

\${Supervisor}
 Supervisor

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Dear \${NOKhonorific} \${NOKlastname}:

We are writing to share with you recent events concerning the Tennessee Occupational Safety and Health Administration (TOSHA) investigation into the death of your family member, \${VictimFirstName} \${VictimLastName}.

We previously provided you with a copy of the Citation and Notification of Penalty which was issued as a result of our investigation. We conducted an informal conference with the employer on \${InfConfDate}. That conference resulted in

an Informal Settlement Agreement that settled this case for our purposes. [Provide a brief description of the Informal Settlement Agreement conditions and stipulations]. Attached is a copy of the amended citation for your information.

OR

no agreement

We will keep you informed of any future significant actions related to this case. If we may be of further assistance with this tragic matter, please do not hesitate to contact us at 1-800-249-8510.

Sincerely,

\${Supervisor}
Supervisor

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Estimado(a) \${NOKhonorific} \${NOKlastname}:

Le escribimos para compartir con usted eventos recientes sobre la investigación que ha conducido la Administración de Seguridad y Bienestar Laboral de Tennessee (Tennessee Occupational Safety and Health Administration - TOSHA) sobre el fallecimiento de su [husband, mother, son, etc.].

Previamente le enviamos una copia de la Citación y Aviso de Sanción (Citation and Notification of Penalty) que se emitió con motivo de nuestra investigación. Realizamos una conferencia informal con el empleador el \${InfConfDate}. Dicha conferencia

concluyó en un Acuerdo de Conciliación Informal (Informal Settlement Agreement) que permitió resolver este caso para nuestros fines. [Provide a brief description of the Informal Settlement Agreement conditions and stipulations]. Le adjuntamos, para su información, una copia de la citación enmendada.

OR

no concluyó en ningún acuerdo.

Le mantendremos informado sobre cualquier importante acción futura que tenga relación con este caso. No dude en contactarnos llamando al teléfono 1-800-249-8510 si podemos brindarle asistencia adicional con respecto a este trágico asunto.

Atentamente,

\${Supervisor}
Supervisor

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Dear \${NOKhonorific} \${NOKlastname}:

Please accept our sympathies for the loss your family has suffered in the death of your family member,
\${Victimhonorific} \${VictimFirstName} \${VictimLastName}.

The Tennessee Occupational Safety and Health Administration (TOSHA) will investigate the circumstances surrounding the tragic event and the results will be made available to you. Please let us know if you would like to have a copy of the releasable portions of our investigative file. If violations of the TOSHA standards are documented during this investigation, citations and monetary penalties may be issued to the employer. Our office will notify you of our findings and any alleged violations or citations issued. The investigation process may take up to six months.

If you, or another family member, have questions about our ongoing investigation or information you would like to provide to our investigator, please contact:

\${TOSHAOfficeSupervisor}
TDLWD – TOSHA
\${TOSHAOfficeStreet}
\${TOSHAOfficeCity}, TN \${TOSHAOfficeZIP}
\${TOSHAOfficePhone}

If you wish to receive a copy of the final inspection report, please contact the TOSHA Manager of Standards and Procedures, at 1-800-249-8510.

Sincerely,

Steve Hawkins
Administrator, Tennessee OSHA

\${NOKfirstname} \${NOKlastname}
 \${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
 \${NOKstreetaddress2} [/#if]
 \${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Estimado(a) \${NOKhonorific} \${NOKlastname}:

Permítanos ofrecerle nuestro más sentido pésame por la pérdida que ha sufrido su familia por el fallecimiento de su [husband, mother, wife, son, etc...]. .

La Administración de Seguridad y Bienestar Laboral de Tennessee (Tennessee Occupational Safety and Health Administration - TOSHA) investigará las circunstancias relacionadas con el trágico evento y pondrá los resultados a su disposición. Por favor háganos saber si desea recibir una copia de las porciones de nuestro archivo de investigación que estemos autorizados a divulgar. Si se documentan infracciones a las normas TOSHA en el curso de esta investigación, se podrían entregar citaciones e imponer sanciones monetarias contra el empleador. Nuestra oficina le notificará sobre nuestras conclusiones así como de cualquier supuesta infracción o de las citaciones que se entreguen. El proceso de investigación podría durar hasta seis meses.

Si usted, o algún miembro de su familia, tiene preguntas sobre nuestra investigación en curso o desea proporcionar información a nuestro investigador, por favor contacte a:

\${TOSHAOfficeSupervisor}
 TDLWD – TOSHA
 \${TOSHAOfficeStreet}
 \${TOSHAOfficeCity}, TN \${TOSHAOfficeZIP}
 \${TOSHAOfficePhone}

Si desea recibir una copia del informe de inspección final, por favor contacte al Gerente de Normas y Procedimientos (Manager of Standards and Procedures) de TOSHA llamando al teléfono 1-800-249-8510.

Atentamente,

Steve Hawkins
 Administrador, OSHA de Tennessee

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Estimado(a) \${NOKhonorific} \${NOKlastname}:

Le escribimos para compartir con usted los hallazgos de la reciente investigación que ha conducido la Administración de Seguridad y Bienestar Laboral de Tennessee (Tennessee Occupational Safety and Health Administration - TOSHA) sobre el fallecimiento de su [husband, mother, wife, son, etc...].

[Insert one or two sentences on the cause of the accident or death if possible. For example, TOSHA's investigation determined that Mr. Jones fell from a step ladder.]

Considerando los hechos de este caso, hemos determinado que no hubo infracciones a las normas de TOSHA que ameriten citaciones [explain in more detail if needed]. Por lo tanto, no se ha propuesto la entrega de citaciones ni la imposición de sanciones y el expediente ha sido cerrado. Por favor háganos saber si desea recibir una copia de las porciones de nuestro archivo de investigación que estemos autorizados a divulgar.

Si desea tratar más a fondo la inspección de TOSHA, por favor llámenos al teléfono 1-800-249-8510.

Comprendemos y compartimos la pérdida que ha padecido. Por favor acepte nuestro más sentido pésame.

Atentamente,

\${Supervisor}
Supervisor

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Dear \${NOKhonorific} \${NOKlastname}:

We are writing to share with you the findings of the recent Tennessee Occupational Safety and Health Administration (TOSHA) investigation into the death of your [husband, mother, wife, son, etc...].
[Insert one or two sentences on the cause of the accident or death if possible. For example, TOSHA's investigation determined that Mr. Jones fell from a step ladder.]

Enclosed is a copy of the Citation and Notification of Penalty that was issued to \${establishmentname}. TOSHA citations state the alleged violations of safety and health standards at the worksite.

Given the facts of this case, no violations of the TOSHA standards were citable [explain in more detail if needed]. Therefore, no citations or penalties are proposed, and the file has been closed. Please let us know if you would like to have a copy of the releasable portions of our investigative file.

If you would like to discuss the TOSHA inspection further, please call us at 1-800-249-8510.

We understand and regret the pain that you have suffered. Please accept our sincere condolences.

Sincerely,

\${Supervisor}
Supervisor

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Dear \${NOKhonorific} \${NOKlastname}:

We are writing to share with you recent events concerning the Tennessee Occupational Safety and Health Administration (TOSHA) investigation into the death of your family member, \${VictimFirstName} \${VictimLastName}.

We previously provided you with a copy of the Citation and Notification of Penalty which was issued as a result of our investigation. The employer had 20 calendar days after the receipt of the citations to appeal our findings. In this case, the employer appealed our findings to the Tennessee Occupational Safety and Health Review Commission.

It is TOSHA policy to disclose only citations and notices of contest when an appeal has been filed since disclosure of other portions of the case file could interfere with the litigation process. The TOSHA legal staff, Mr. Daniel Bailey (615-741-9550) or Mr. Larry Pierce (615-253-5116), will keep you informed of any significant activities related to this case.

If we may be of further assistance with this tragic matter, please do not hesitate to contact us at 1-800-249-8510.

Sincerely,

Steve Hawkins
Administrator, Tennessee OSHA

\${NOKfirstname} \${NOKlastname}
\${NOKstreetaddress1} [#if NOKstreetaddress2 != 'UNKNOWN'],
\${NOKstreetaddress2} [/#if]
\${NOKcity}, \${NOKstate} \${NOKzip}

RE: \${establishmentname}

Estimado(a) \${NOKhonorific} \${NOKlastname}:

Le escribimos para compartir con usted eventos recientes sobre la investigación que ha conducido la Administración de Seguridad y Bienestar Laboral de Tennessee (Tennessee Occupational Safety and Health Administration - TOSHA) sobre el fallecimiento de su [husband, mother, son, etc.].

Previamente le enviamos una copia de la Citación y Aviso de Sanción (Citation and Notification of Penalty) que se emitió con motivo de nuestra investigación. Se le otorgó al empleador 20 días continuos después de la recepción de las citaciones para apelar nuestras conclusiones. En este caso, el empleador sí apeló nuestras conclusiones ante la Comisión de Seguridad y Salud Ocupacional de Tennessee (Tennessee Occupational Safety and Health Review Commission).

La política de TOSHA permite divulgar solamente las citaciones y los avisos de disputa después de que una apelación ha sido presentada ya que la divulgación de otras porciones del expediente del caso podría interferir con el proceso de litigio. El personal del Departamento Legal de TOSHA, el Sr. Daniel Bailey (615-741-9550) o el Sr. Larry Pierce (615-253-5116), lo mantendrán informado de cualquier importante actividad futura que tenga relación con este caso.

No dude en contactarnos llamando al teléfono 1-800-249-8510 si podemos brindarle asistencia adicional con respecto a este trágico asunto.

Atentamente,

\${Supervisor}
Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: Inspection # \${InspectionNumber}

Dear \${Honorific} \${ERLastName}:

The Tennessee Occupational Safety and Health Administration (TOSHA) has sent, by certified mail, a Citation and Notification of Penalty package to the above address. It was not claimed and subsequently was returned to this office. There were two attempts made by the United States Postal Service to deliver this package, as documented on the enclosed envelope.

This notice is to inform you that our office considers the package delivered and will use the second notice date as the “official date of receipt”. A copy of the Citation and Notification of Penalty is enclosed with this letter as a courtesy to you. In addition, a copy of the envelope listing the two attempted delivery dates is also included.

Please be aware that any monies owed must be paid within thirty (30) days of the second notice date and if not received, will be subject to additional fees and interest as stated in the Citation. A letter of abatement must be submitted by the dates listed on the notice or a follow up inspection may be conducted. If you need additional information please contact me at \${AreaOfficePhone}

Sincerely,

\${Supervisor}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

Dear \${Honorific} \${ERLastName}:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.: \${InspectionNumber}) was conducted on \${Insp_Date_From}, by \${cshoFName} \${cshoLName}. No citations were issued as a result of this inspection.

Our primary concern is to insure the safety and well being of the workers of this state. We hope you share in this concern. To assist employers with their safety and health programs, we have resources available through our Education and Training and Consultative Services sections without cost, and without citation or sanction. Also, should you have a question concerning the standards, our Standards and Procedures section is available to answer your question or provide an interpretation. To avail yourself of these services, please do not hesitate to write, or telephone 615-741-2793.

Sincerely,

\${SupervisorFName} \${SupervisorLName}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
[#if Establishmentdba != 'UNKNOWN'] \${Establishmentdba} [/#if]
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

Dear \${Honorific} \${ERLastName}:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.:
\${InspectionNumber}) was conducted on \${Insp_Date_From}, by \${cshoFName} \${cshoLName}. No
citations were issued as a result of this inspection.

As part of the inspection, personal monitoring of employees was conducted. The results of that monitoring are
attached for your use and information. The Occupational Safety and Health Standard for General Industry 29
CF 1910.1020 requires the employer to maintain these records and provide employee exposure data to the
employee upon request. If an overexposure has occurred for which a citation was issued, Tennessee Code
Annotated, Section 50-3-203(c)(2) requires the employee be notified.

Our primary concern is to insure the safety and well being of the workers of this state. We hope you share in
this concern. To assist employers with their safety and health programs, we have resources available through
our Education and Training and Consultative Services sections without cost, and without citation or sanction.
Also, should you have a question concerning the standards, our Standards and Procedures section is available to
answer your question or provide an interpretation. To avail yourself of these services, please do not hesitate to
write, or telephone 615-741-2793.

Sincerely,

\${SupervisorFName} \${SupervisorLName}
Area Supervisor

AIR SAMPLING DATA

AREA/OPERATION/EMPLOYEE	AIR CONTAMINANT	LIMIT ¹	SAMPLING RESULTS

¹ Permissible Exposure Limit² Short-Term Exposure Limit³ Ceiling Limit⁴ Excursion Limit⁵ Action Level

NOTE: The measured exposures are expressed in parts air contaminant per million parts of air(ppm) in milligrams of air contaminant per cubic meter of air(mg/M³) in fibers of asbestos per cubic centimeter of air (f/cc).

NOISE SAMPLING DATA

AREA/OPERATION/EMPLOYEE	LIMIT ¹	EXPOSURE (C _n /T _n)	dBA

¹ The Limit for Noise Exposure is 1.00 (summation of C_n/T_n) or an equivalent sound level of 90 dBA for an 8-hour Time-weighted Average.

² The Action Level for Noise Exposure is 0.50 (summation of C_n/T_n) or an equivalent sound level of 85 dBA.

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName}
[#if Establishmentdba != 'UNKNOWN'] \${Establishmentdba} [/#if]
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

Dear \${Honorific} \${ERLastName}:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.:
\${InspectionNumber}) was conducted on \${InspectionDate}, by \${CSHOFIRSTNAME} \${CSHOLASTNAME}. Citations
issued as a result of this inspection are enclosed.

As a part of the inspection, personal monitoring of employees was conducted. The results of that monitoring are attached
for you use and information. The Occupational Safety and Health Standard for General Industry 29 CFR 1910.1020
requires the employer to maintain these records and provide employee exposure data to the employee upon request. If an
overexposure has occurred for which a citation was issued, Tennessee Code Annotated Section 50-3-203(c)(2) requires
the employee be notified.

Sincerely,

\${TOSHASupervisorName}
Area Supervisor

AIR SAMPLING DATA

AREA/OPERATION/EMPLOYEE	AIR CONTAMINANT	LIMIT ¹	SAMPLING RESULTS

¹ Permissible Exposure Limit² Short-Term Exposure Limit³ Ceiling Limit⁴ Excursion Limit⁵ Action Level

NOTE: The measured exposures are expressed in parts air contaminant per million parts of air(ppm) in milligrams of air contaminant per cubic meter of air(mg/M³) in fibers of asbestos per cubic centimeter of air (f/cc).

NOISE SAMPLING DATA

AREA/OPERATION/EMPLOYEE	LIMIT ¹	EXPOSURE (C _n /T _n)	dBA

¹ The Limit for Noise Exposure is 1.00 (summation of C_n/T_n) or an equivalent sound level of 90 dBA for an 8-hour Time-weighted Average.

² The Action Level for Noise Exposure is 0.50 (summation of C_n/T_n) or an equivalent sound level of 85 dBA.

\${Honorific} \${ComplainantFName} \${ComplainantLName}
\${ComplainantMailStreet1} [#if ComplainantMailStreet2 != 'UNKNOWN']
\${ComplainantMailStreet2} [/#if]
\${ComplainantCity}, \${ComplainantState} \${ComplainantZip}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ComplainantLName}:

In response to your complaint concerning hazards at \${EstablishmentName} in \${EstablishmentSiteCity}, Tennessee, the Tennessee Occupational Safety and Health Administration (TOSHA) conducted an inspection. That inspection (# \${InspectionNumber}) was initiated on \${InspOpenDate}.

The results of our inspection of your complaint items are as follows:

\${ComplaintItemsEvaluation}

Attached for your information, is a copy of the TNOSHA-2, Citation and Notification of Penalty, which was sent to your employer, and should have been posted at the workplace for at least three (3) days after receipt.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety or health activity. If you believe that you have been or are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since TOSHA and OSHA normally can accept only those complaints filed within thirty (30) days of the alleged discriminatory action/discharge. To file a discrimination complaint contact the Discrimination Coordinator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-2793 or 1-800-249-8510.

If you would like to discuss this matter further please feel free to contact me at 615-532-.

Sincerely,

Tom Herrod
Manager, Public Sector Operations

Enclosure

\${Honorific} \${ERFirstName} \${ERLastName}
 [#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
 \${EstablishmentName} [#if Establishmentdba != 'UNKNOWN']
 \${Establishmentdba} [/#if]
 \${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
 \${EstablishmentMailStreet2} [/#if]
 \${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

Attn: \${SafetyDirectorNameAndTitle}

Dear \${Honorific} \${ERLastName}:

On \${OpenDate}, our compliance officer \${CSHOFName} \${CSHOLName} conducted a monitoring visit of your facility to evaluate and discuss the status of your occupational safety and health program. The following locations were inspected during the visit:

\${Locations}

Our goal is to help you provide a safe and healthful work environment for your employees. We are confident this activity will facilitate the continued growth of your safety and health program and help to reduce workplace injuries and illnesses.

During this visit violation(s) of the TOSHA standards were observed in the areas we inspected. These violation(s) do not imply that your program is ineffective, however, they are an indication of a program deficiency in some aspect of your safety and health program. We have included with this report a “Notice of Unsafe or Unhealthful Working Conditions” that contains **\${NumberOfViolations}** violations observed during this visit. Please post a copy of this Notice for your employees to view for a period of at least three (3) working days, or until all alleged violation(s) are corrected. We will need your reply as to the corrective action taken or planned by the abatement date indicated on the Notice. Enclosed are copies of the Abatement Certification Form with instructions. This form should be used to report the action you take to correct the violation(s).

Your file cannot be closed until we have documentation of correction of each violation. Please respond promptly.

If we can assist you in any way, please let us know.

Sincerely,

\${SupervisorAndTitle}
 Division of Occupational Safety and Health

TH/st

\${Honorific} \${ERFirstName} \${ERLastName}
[#if ERTitle != 'UNKNOWN'] \${ERTitle} [/#if]
\${EstablishmentName} [#if Establishmentdba != 'UNKNOWN']
\${Establishmentdba} [/#if]
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

Attn: \${SafetyDirectorNameAndTitle}

Dear \${Honorific} \${ERLastName}:

On \${OpenDate}, our compliance officer \${CSHOFName} \${CSHOLName} conducted a monitoring visit of your facility to evaluate and discuss the status of your occupational safety and health program. The following locations were inspected during the visit:

\${Locations}

Our goal is to help you provide a safe and healthful work environment for your employees. We are confident this activity will facilitate the continued growth of your safety and health program and help to reduce workplace injuries and illnesses.

During this visit **no violations** were observed in the areas we inspected. If we can assist you in any way in the future, please let us know.

Sincerely,

\${SupervisorAndTitle}
Division of Occupational Safety and Health

TH/st

April 15, 2015

TOSHA Instruction IRT-TN 01-00-004

\${Honorific} \${ERFirstName} \${ERLastName}[#if ERTitle != "]
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1}[#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${UPAReferralNumber}

Dear \${Honorific} \${ERLastName}:

This letter is to follow up the conversation we had on \${ConversationDate} in reference to the employee injury that occurred on \${InjuryDate} at your worksite. I wanted to remind you that there are some important steps you should now be taking to ensure the safety of your workers and avoid the need for a TOSHA inspection.

In most cases, a serious injury indicates the presence of workplace hazards that threaten the health and safety of other workers. TOSHA is concerned that additional employees at your worksite are at risk of being injured. While this letter is not a citation, and we do not intend to conduct an inspection at this time, we ask that you immediately conduct your own investigation into the incident and make any necessary changes to avoid further incidents.

Please complete each of the following by \${ResponseDueDate}:

- Conduct an incident investigation (see Attachment A)
- Document findings and send corrective actions to \${AreaOfficeFax} or \${SupervisorEmail}
- Post a copy of this letter where employees can readily review it
- Fax or email a copy of the signed Certificate of Posting (Attachment B) to \${AreaOfficeFax} or \${SupervisorEmail}

If we do not receive a response from you by \${ResponseDueDate} indicating the actions you have taken, your worksite may be considered for an immediate on-site inspection. The goal of your incident investigation will be to identify both the immediate and the underlying causes of the incident. To assist you in conducting an effective investigation, I have attached a guide you can use in identifying the root causes of the incident (Attachment A) and taking the necessary steps to ensure your employees are protected from future injuries. Additional resources are available at www.osha.gov.

Please note that it is against the law for employers to retaliate or discriminate in any way against an employee for raising safety and health issues or for exercising their rights under the TOSH Act. This includes the right to report a work-related injury or illness to their employer, or to contact TOSHA. After correcting any immediate hazards, small and medium-sized businesses may be interested in requesting free, confidential assistance from the On-Site Consultation Program. TOSHA Consultative Services will work with you to identify workplace hazards, provide advice on compliance with TOSHA standards, and assist you in establishing a safety and health management program. These services are separate from enforcement and do not result in penalties or citations. Call 800-325-9901 to reach TOSHA Consultative Services. A pamphlet is available at <http://www.tn.gov/labor-wfd/tosha/pdf/consultation.pdf> for download.

If you have any questions, please call me at \${AreaOfficePhone} or email me at \${SupervisorEmail} . Your support and interest in the safety and health of your employees is appreciated.

Sincerely,

\${Supervisor}
Area Supervisor

\${Honorific} \${ERFirstName} \${ERLastName} [#if ERTitle != "]
\${ERTitle} [/#if]
\${EstablishmentName}
\${EstablishmentMailStreet1} [#if EstablishmentMailStreet2 != 'UNKNOWN']
\${EstablishmentMailStreet2} [/#if]
\${EstablishmentCity}, \${EstablishmentState} \${EstablishmentZIP}

RE: \${ComplaintNumber}

Dear \${Honorific} \${ERLastName}:

On \${LetterSentDate}, the Tennessee Occupational Safety and Health Administration (TOSHA) sent a letter requesting that you conduct an incident investigation at your work site. Your response to this request has been received in our office.

Based on our review of the information you provided in your response, we have determined that our file on this matter can be closed, and no further action on this incident is anticipated at this time.

We appreciate your prompt response. Please feel free to contact this office if you have any questions.

Sincerely,

\${Supervisor}
Area Supervisor

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State of Tennessee

Department of Labor and Workforce Development

220 French Landing Drive

Nashville, TN 37243

Phone: 615-741-2793 Fax: 615-253-1623

Citation and Notification of Penalty

To:

\${estab_name} [if estab_dba != 'UNKNOWN']dba \${estab_dba}
 [/if]
 and its successors
 \${estab_str1} [if estab_str2 != 'UNKNOWN'], \${estab_str2}
 [/if]
 \${estab_city}, \${estab_state} \${estab_zip}

Inspection Number: \${insp_no}**Inspection Date (s):** \${insp_date_from}**Issuance Date:** \${issuance_date}**Reporting ID:** \${R_id}**CSHO ID:** \${Csh_id}**Optional Report #:** [if Op_rept_no != 'UNKNOWN']\${Op_rept_no}[/if]**Inspection Site:**

\${site_str1} [if site_str2 != 'UNKNOWN'], \${site_str2}[/if]
 \${site_city}, \${site_state} \${site_zip}

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

On \${insp_date_from}, an inspection of your establishment/workplace was conducted by the Tennessee Occupational Safety and Health Administration (TOSHA) pursuant to Tennessee Code Annotated §§ 50-3-101 through 50-3-918. This Citation and Notification of Penalty (hereafter referred to as this Citation) allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date indicated with each violation description.

Under the Code, employers have certain responsibilities and rights regarding citations for alleged violations.

EMPLOYER RESPONSIBILITIES

POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

CORRECT THE VIOLATIONS

You must correct each violation by the date listed in this Citation unless you request an extension or file a notice of contest. (See “Formal Contest” below.)

EXTENSION OF CORRECTION DATES

1. You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
 1. Steps taken to-date to correct the cited conditions.
 2. Additional time needed to achieve compliance.
 3. The reasons additional time is necessary.
 4. All interim steps being taken to safeguard employees against the cited hazard.
 5. A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

To request an extension of correction date(s), contact \${osha_office_area_director}, Area Supervisor at telephone \${osha_office_phone} or fax \${osha_office_fax}.

NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify \${osha_office_area_director}, telephone \${osha_office_phone} or fax \${osha_office_fax}, when correction of each alleged violation has been completed. Enclosed is the Abatement Certification Form to be used to report corrective action taken for each violation. Instructions for completing this form are also enclosed.

You must also notify your employees and their representatives (if represented) of corrective action taken by posting the Abatement Certification Form, or by other effective means.

For items identified in this Citation as “**Abatement Verification Required**”, you must include additional documentation such as photographs, receipts, work orders, etc. to verify the corrective action taken. Failure to provide this additional documentation to TOSHA will subject the employer to additional penalties of up to \$1,000.00. This additional documentation must also be posted at or near where the violation occurred. Failure to post the additional documentation will subject the employer to additional penalties of up to \$3,000.00.

PAYMENT OF PENALTY

Payment for the penalty is **due in full thirty (30) days from the date of receipt of this Citation and Notification of Penalty** unless a notice of contest is filed. Correction of alleged violation(s) does not excuse you from payment of any penalty which has become a final order of the Department of Labor and Workforce Development. Penalties not paid within thirty (30) days from the date of receipt will be assessed late fees and interest (see the Penalty Notice enclosed). Penalties should be paid by check or money order made payable to: "Treasurer State of Tennessee." Mail payments to the following address:

**State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002**

EMPLOYER RIGHTS

INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact \${osha_office_area_director}, Area Supervisor at telephone \${osha_office_phone} or fax \${osha_office_fax}. Twenty four (24) hours prior to the informal conference post the "Notice to Employees of Informal Conference" and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

ADDITIONAL INFORMATION

For additional information, contact \${osha_office_area_director}, Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, \${osha_office_adr1} [#if osha_office_adr2 != 'UNKNOWN'], \${osha_office_adr2} [/#if], \${osha_office_city}, \${osha_office_state} \${osha_office_zip}.

ABATEMENT CERTIFICATION FORM **INSTRUCTIONS**

1. Complete this form for each cited violation item as follows:
 1. Enter the citation number and item number in the first column
 2. Enter the date the item was corrected in the second column
 3. Explain in detail how each cited violation item was corrected in the third column (See examples below)
2. You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
 1. Steps taken to-date to correct the cited conditions.
 2. Additional time needed to achieve compliance.
 3. The reasons additional time is necessary.
 4. All interim steps being taken to safeguard employees against the cited hazard.
 5. A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

3. To request an extension of abatement/correction, contact \${osha_office_area_director}, Area Supervisor at telephone \${osha_office_phone} or fax \${osha_office_fax}.
4. Mail or fax the completed form to the Area Office shown on the form
5. Contact the Area Office Supervisor for additional information or if you have any questions
6. Additional copies can be obtained electronically at: http://www.tn.gov/labor-wfd/forms/abatement_form.pdf

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.
2/1a	02/18/2008	(NOTE: This item was identified as "Abatement/Correction Documentation Required" - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)
2/1b	02/24/2008	A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment. A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.

ABATEMENT CERTIFICATION FORM

AREA SUPERVISOR

Tennessee Department of Labor and Workforce Development

Division of Occupational Safety and Health Date:

\${osha_office_adr1} [#if osha_office_adr2 != 'UNKNOWN'],

\${osha_office_adr2} [/#if]

\${osha_office_city}, \${osha_office_state} \${osha_office_zip}

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: \${insp_no} ISSUED TO:

\${estab_name} [#if estab_dba != 'UNKNOWN']dba \${estab_dba} [/#if], \${estab_str1} [#if estab_str2 != 'UNKNOWN'],
 \${estab_str2} [/#if] \${estab_city}, \${estab_state} \${estab_zip}

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

 Employer Official's Signature Job Title

State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Citation and Notification of Penalty. The conference will be held at the TOSHA office located at \${osha_office_adr1} [#if osha_office_adr2 != 'UNKNOWN'], \${osha_office_adr2} [/#if], \${osha_office_city}, \${osha_office_state} \${osha_office_zip} on _____ (date) at _____ (time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

[#assign total_proposed_penalty = 0] [#list row as row]

Citation \${row.citation_nbr} Item \${row.item_nbr} [#if row.grp_nbr !=

'UNKNOWN']\${row.grp_nbr}[/#if] Type of Violation: **\${row.viol_type}**

\${row.viol_desc}

Date By Which Violation Must be Abated:

\${row.abatement_due_date}

Proposed Penalty:

\$\$\${row.viol_penalty?string("0.00")}

[/#list]

Steve Hawkins, Administrator
Division of Occupational Safety and Health

PENALTY NOTICE

PENALTY PAYMENT DUE

Pursuant to T.C.A. §§ 50-3-402 through 408 your company has been assessed a monetary penalty. To avoid the addition of interest and delinquent fees, payment of this penalty is due in full no later than thirty (30) calendar days from the date you received this Citation and Notification of Penalty unless a notice of contest is filed. Penalties should be paid by check or money order payable to "Treasurer State of Tennessee." Mail payment to the following address:

**State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002**

DELINQUENT FEES AND INTEREST

Pursuant to T.C.A. § 50-3-107 interest and delinquent fees will be assessed for all unpaid penalty amounts that are over thirty (30) calendar days from the date you received this Citation and Notification of Penalty.

Interest charges will be assessed every thirty (30) days, at an interest rate established pursuant to T.C.A. § 67-1-801(a)(1). In addition to the interest applied, a delinquent fee of ten percent (10%) will be assessed for each penalty unpaid at thirty (30), sixty (60), and ninety (90) days to a maximum of thirty percent (30%).

Unpaid penalties are referred to the Attorney General for collection at one hundred eighty (180) days past due.

SUMMARY OF PENALTIES FOR INSPECTION NUMBER \${insp_no}

[#assign total_proposed_penalty = 0]

Citation \${row.citation_nbr} Item \${row.item_nbr} [#if
row.grp_nbr != 'UNKNOWN']\${row.grp_nbr}[/#if],
\${row.viol_type}

\$\$\${row.viol_penalty?string("0.00")} [#assign
total_proposed_penalty = total_proposed_penalty +
row.viol_penalty]

TOTAL PROPOSED PENALTIES:

\$\$\${total_proposed_penalty?string("0.00')}

Steve Hawkins, Administrator Date
Division of Occupational Safety and Health

State of Tennessee

Department of Labor and Workforce Development
 220 French Landing Drive
 Nashville, TN 37243
 Phone: 615-741-2793 Fax: 615-253-1623

Notification of Failure to Abate Alleged Violations

To:
 \${estab_name}
 and its successors
 \${estab_str1} [if estab_str2 != 'UNKNOWN'], \${estab_str2} [if
 \${estab_city}, \${estab_state} \${estab_zip}

Original Inspection Number:
 \${original_insp_no?string?replace(',','')}
Original Inspection Date(s): \${orig_insp_date_from}
Inspection Number: \${insp_no}
Inspection Date (s): \${insp_date_from}-\${insp_date_to}
Reporting ID: \${R_id}
CSHO ID: \${Csh_id}
Optional Report #: \${op_rept_no} [if op_rept_no !=
 'UNKNOWN'] \${op_rept_no} [if]

Inspection Site:

\${site_str1} [if site_str2 != 'UNKNOWN'], \${site_str2} [if
 \${site_city}, \${site_state} \${site_zip}

*The violation(s) described in this Citation and Notification of
 Penalty is (are) alleged to have occurred on or about the
 day(s) the inspection was made unless otherwise indicated
 within the description given below.*

FAILURE TO ABATE PENALTY

After the original inspection, a Citation(s) was issued to you in accordance with the provisions of the Tennessee Occupational Safety and Health Act of 1970 (the Act), notifying you of certain violations of the Act and the dates by which they were to be abated. Based upon reinspection, it is alleged that you have failed to abate the violation(s) listed below within the time prescribed, and the following additional penalties are proposed. The additional penalty is computed by multiplying a daily penalty times the number of days the violation(s) remained unabated.

Under the Act, employers have certain responsibilities and rights regarding citations for alleged violations.

EMPLOYER RESPONSIBILITIES

POST THIS CITATION

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Citation (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in a prominent place visible to all employees. This Citation must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Citation, that is moved during the correction period, must have a copy of this Citation attached. Failure to post this Citation subjects the employer to a penalty of up to \$3,000.00 for each Citation not posted.

NOTIFY THE ADMINISTRATOR OF CORRECTIVE ACTION TAKEN

You are to notify the TOSHA Administrator in writing of the date and nature of the corrective action taken. If you do not abate the violation(s), further penalties may be proposed and other enforcement action to compel abatement may be taken under the Act.

PAYMENT OF PENALTY

Payment for the penalty is **due in full thirty (30) days from the date of receipt of this Citation and Notification of Penalty** unless a notice of contest is filed. Correction of alleged violation(s) does not excuse you from payment of any penalty which has become a final order of the Department of Labor and Workforce Development. Penalties not paid within thirty (30) days from the date of receipt will be assessed late fees and interest (see the Penalty Notice enclosed). Penalties should be paid by check or money order made payable to: "Treasurer State of Tennessee." Mail payments to the following address:

State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002

EMPLOYER RIGHTS**INFORMAL CONFERENCE**

You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences **must be held within twenty (20) days of the receipt of this Citation and Notification of Penalty**. To schedule an informal conference, contact \${osha_office_area_director}, Area Supervisor at telephone \${osha_office_phone} or fax \${osha_office_fax}. Twenty four (24) hours prior to the informal conference post the "Notice to Employees of Informal Conference" and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

FORMAL CONTEST

You have the right to contest any or all parts of this Citation and/or the penalties before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Citation and Notification of Penalty you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Citation and Notification of Penalty**. If you do not contest within the twenty (20) calendar day period, this Citation and Notification of Penalty shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

ADDITIONAL INFORMATION

For additional information, contact \${osha_office_area_director}, Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, \${osha_office_adr1} [#if osha_office_adr2 != 'UNKNOWN'], \${osha_office_adr2} [/#if] \${osha_office_city}, \${osha_office_state} \${osha_office_zip}.

ABATEMENT CERTIFICATION FORM **INSTRUCTIONS**

1. Complete this form for each cited violation item as follows:
 1. Enter the citation number and item number in the first column
 2. Enter the date the item was corrected in the second column
 3. Explain in detail how each cited violation item was corrected in the third column (See examples below)
2. You may request an extension of the correction date(s) set forth in this Citation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
3. Steps taken to-date to correct the cited conditions.
 1. Additional time needed to achieve compliance.
 2. The reasons additional time is necessary.
 3. All interim steps being taken to safeguard employees against the cited hazard.
 4. A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.
4. To request an extension of abatement/correction, contact \${osha_office_area_director}, Area Supervisor at telephone \${osha_office_phone} or fax \${osha_office_fax}.
5. Mail or fax the completed form to the Area Office shown on the form
6. Contact the Area Office Supervisor for additional information or if you have any questions
7. Additional copies can be obtained electronically at: http://www.state.tn.us/labor-wfd/forms/abatement_form.pdf

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	<p>The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.</p> <p>(NOTE: This item was identified as "Abatement/Correction Documentation Required" - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)</p> <p>A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment.</p> <p>A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.</p>
2/1a	02/18/2008	
2/1b	02/24/2008	

ABATEMENT CERTIFICATION FORM**AREA SUPERVISOR****Tennessee Department of Labor and Workforce Development****Division of Occupational Safety and Health Date:****\${osha_office_adr1}****\${osha_office_city}, \${osha_office_state} \${osha_office_zip}**

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF INSPECTION NUMBER: \${insp_no} ISSUED TO:

**\${estab_name}, \${estab_str1}[/#if estab_str2 != 'UNKNOWN'], \${estab_str2}[/#if] \${estab_city}, \${estab_state}
\${estab_zip}**

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature Job Title

State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE

An informal conference has been scheduled with TOSHA to discuss the Notification of Failure to Abate Alleged Violations. The conference will be held at the TOSHA office located at \${osha_office_adr1} [#if osha_office_adr2 != 'UNKNOWN'], \${osha_office_adr2} [/#if] \${osha_office_city}, \${osha_office_state} \${osha_office_zip} on _____ (date) at _____ (time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

[#assign total_proposed_penalty = 0] [#list row as row]
Citation \${row.citation_nbr} Item \${row.item_nbr} [#if row.grp_nbr !=
'UNKNOWN']\${row.grp_nbr}[/#if] Type of Violation: \${row.viol_type}
 \${row.viol_desc}

Date By Which Violation Must be Abated:

\${row.abatement_due_date}

Additional Proposed Penalty:

\$\$\${row.viol_penalty?string("0.00")}

[/#list]

Steve Hawkins, Administrator
 Division of Occupational Safety and Health

FAILURE TO ABATE PENALTY NOTICE

PENALTY PAYMENT DUE

Pursuant to T.C.A. §§ 50-3-402 through 408 your company has been assessed a monetary penalty. To avoid the addition of interest and delinquent fees, payment of this penalty is due in full no later than thirty (30) calendar days from the date you received this Citation and Notification of Penalty unless a notice of contest is filed. Penalties should be paid by check or money order payable to "Treasurer State of Tennessee." Mail payment to the following address:

State of Tennessee, Department of Labor and Workforce Development

Division of Occupational Safety and Health

Attn: Penalty Payments

**220 French Landing Drive
Nashville, TN 37243-1002**

DELINQUENT FEES AND INTEREST

Pursuant to T.C.A. § 50-3-107 interest and delinquent fees will be assessed for all unpaid penalty amounts that are over thirty (30) calendar days from the date you received this Citation and Notification of Penalty.

Interest charges will be assessed every thirty (30) days, at an interest rate established pursuant to T.C.A. § 67-1-801(a)(1). In addition to the interest applied, a delinquent fee of ten percent (10%) will be assessed for each penalty unpaid at thirty (30), sixty (60), and ninety (90) days to a maximum of thirty percent (30%).

Unpaid penalties are referred to the Attorney General for collection at one hundred eighty (180) days past due.

ADDITIONAL PROPOSED PENALTIES FOR INSPECTION NUMBER \${insp_no}

[#assign total_proposed_penalty = 0]	
Citation \${row.citation_nbr} Item \${row.item_nbr} [#if	\$\$\${row.viol_penalty?string("0.00")} [#assign
row.grp_nbr != 'UNKNOWN']\${row.grp_nbr}[/#if],	total_proposed_penalty = total_proposed_penalty +
\${row.viol_type}	row.viol_penalty]

TOTAL ADDITIONAL PROPOSED PENALTIES: \$\$\${total_proposed_penalty?string("0.00")}

Steve Hawkins, Administrator Date

Division of Occupational Safety and Health

State of Tennessee

Department of Labor and Workforce Development
 220 French Landing Drive
 Nashville, TN 37243
 Phone: 615-741-2793 Fax: 615-253-1623

Notice of Unsafe or Unhealthful Working Conditions

To:

\${estab_name}
 and its successors
 \${estab_str1} [if estab_str2 != 'UNKNOWN'], \${estab_str2}
 [/if]
 \${estab_city}, \${estab_state} \${estab_zip}

Inspection Number: \${insp_no}**Inspection Date (s):** \${insp_date_from}**Issuance Date:** \${issuance_date}**Reporting ID:** \${R_id}**CSHO ID:** \${Csh_id}**Optional Report #:** [if Op_rept_no != 'UNKNOWN'] \${Op_rept_no} [/if]**Inspection Site:**

\${site_str1} [if site_str2 != 'UNKNOWN'], \${site_str2} [/if]
 \${site_city}, \${site_state} \${site_zip}

The violation(s) described in this Notification of Violation is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

On \${insp_date_from}, an inspection of your establishment/workplace was conducted by the Tennessee Occupational Safety and Health Administration (TOSHA) pursuant to Tennessee Code Annotated §§ 50-3-101 through 50-3-918. This Notice of Violation(s) alleges violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date indicated with each violation description.

EMPLOYER RESPONSIBILITIES

POST THIS NOTICE OF VIOLATION(S)

T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require this Notice of Violation(s) (or a copy) to be immediately posted at or near the location where each alleged violation occurred, or if not practicable, in

a prominent place visible to all employees. This Notice of Violation(s) must remain posted until the alleged violations are corrected but for no less than three (3) working days. Equipment, referenced in this Notice of Violation(s), that is moved during the correction period, must have a copy of this Notice of Violation(s) attached.

CORRECT THE VIOLATIONS

You must correct each violation by the date listed in this Notice of Violation(s) unless you request an extension or file a notice of contest. (See "Formal Contest" below.)

EXTENSION OF CORRECTION DATES

1. You may request an extension of the correction date(s) set forth in this Notice of Violation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA area office supervisor no later than the end of the business day on the day after the original abatement date. The request must include the following information:
 1. Steps taken to-date to correct the cited conditions.
 2. Additional time needed to achieve compliance.
 3. The reasons additional time is necessary.
 4. All interim steps being taken to safeguard employees against the cited hazard.
 5. A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

To request an extension of correction date(s), contact Tom Herrod, Manager of Public Sector at telephone (615) 532-0193 or fax (615) 741-3325

NOTIFY TOSHA OF CORRECTIVE ACTION

You must notify Tom Herrod, Manager of Public Sector in writing by letter or fax (615) 741-3325, when correction of each alleged violation has been completed. Enclosed is the Abatement Certification Form to be used to report corrective action taken for each violation. Instructions for completing this form are also enclosed.

You must also notify your employees and their representatives (if represented) of corrective action taken by posting the Abatement Certification Form, or by other effective means.

For items identified in this Notice of Violation(s) as "**Abatement/Correction Documentation Required**", you must include additional documentation such as photographs, receipts, work orders, etc. to verify the corrective action taken.

EMPLOYER RIGHTS

INFORMAL CONFERENCE

You may request an informal conference to discuss the alleged violations. Informal conferences **must be held within twenty (20) days of the receipt of this Notice of Violation**. To schedule an informal conference, contact Tom Herrod, Manager of Public Sector by telephone (615) 532-0193 or fax (615) 741-3325. Twenty four (24) hours prior to the informal conference post the "Notice to Employees of Informal Conference" and bring a copy of the notice to the informal conference. A copy of the notice is enclosed.

FORMAL CONTEST

You have the right to contest any or all parts of this Notice of Violation(s) before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit written notification to the Commissioner of Labor and Workforce Development stating what parts of this Notice of Violation(s) you are contesting. Notification **must be received within twenty (20) calendar days of receipt of this Notice of Violation(s)**. If you do not contest within the twenty (20) calendar day period, this Notice of Violation(s) shall be deemed a final order and not subject to further review by any agency or court (T.C.A. §§ 50-3-307(b) and 50-3-407, and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-01-04).

ADDITIONAL INFORMATION

For additional information, contact Tom Herrod, Manager of Public Sector, Department of Labor and Workforce Development, Division of Occupational Safety and Health, 220 French Landing Drive, Nashville, TN 37243-0655.

TOTAL VIOLATIONS

Serious 00

Other than Serious 00

ABATEMENT CERTIFICATION FORM

INSTRUCTIONS

1. Complete this form for each cited violation item as follows:
 1. Enter the violation number and item number in the first column
 2. Enter the date the item was corrected in the second column
 3. Explain in detail how each cited violation item was corrected in the third column (See examples below)
2. You may request an extension of the correction date(s) set forth in this Notice of Violation(s) when you cannot correct the alleged violation(s) by the date listed because of circumstances beyond your control. The request must be in writing and filed with the TOSHA Public Sector Manager no later than the end of the business day on the day after the original abatement date. The request must include the following information:
 1. Steps taken to-date to correct the cited conditions.
 2. Additional time needed to achieve compliance.
 3. The reasons additional time is necessary.
 4. All interim steps being taken to safeguard employees against the cited hazard.
 5. A dated certification that a copy of the request has been posted and, if appropriate, served on the authorized representative of affected employees.

The employer shall post a copy of the request in a conspicuous place for a period of twenty (20) calendar days. The area supervisor then has ten (10) days after the posting period to grant or deny the request and will inform the employer of such, in writing, by the end of the ten (10) day period.

3. To request an extension of abatement/correction, contact Tom Herrod, Manager of Public Sector at telephone (615) 532-0193 or fax (615) 741-3325.
4. Mail or fax the completed form to the Area Office shown on the form
5. Contact the Public Sector Manager for additional information or if you have any questions
6. Additional copies can be obtained electronically at: http://www.tn.gov/labor-wfd/forms/abatement_form.pdf

Examples of How to Complete the Form

Citation & Item #	Date Corrected	HOW CORRECTED
1/1	02/16/2008	The unguarded band saw #1234 located in the maintenance area was fitted with a factory made guard purchased from Ajax Equipment Co. The unused portion of the blade is now fully enclosed in a metal guard. Employees have been trained in the proper use of safety equipment.
2/1a	02/18/2008	(NOTE: This item was identified as "Abatement/Correction Documentation Required" - We have also enclosed photographs of the newly guarded saw and a copy of the purchase documents from Ajax Equipment the parts supplier.)
2/1b	02/24/2008	A plumbed emergency eyewash and drench shower were installed by ABC Plumbing Co in the acid mixing area. Employees have been trained in the proper use and maintenance of this emergency equipment. A written hazard communication program has been developed (copy enclosed). All employees have been trained about the haz com program and its components. They have also been trained in the proper use of the specific chemicals they may use in performing their jobs.

ABATEMENT CERTIFICATION FORM**MANAGER OF PUBLIC SECTOR****Tennessee Department of Labor and Workforce Development****Division of Occupational Safety and Health Date:****220 French Landing Drive****Nashville, TN 37243-1002**

SUBMITTED BELOW IS THE ACTION(S) TAKEN TO CORRECT THE ALLEGED VIOLATION(S) LISTED ON THE “Notice of Unsafe or Unhealthful Working Conditions”

**\${estab_name}, \${estab_str1}[/#if estab_str2 != 'UNKNOWN'], \${estab_str2}[/#if] \${estab_city}, \${estab_state}
\${estab_zip}**

Violation & Item #	Date Corrected	How Corrected

A COPY OF THE VIOLATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature Job Title

State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the Notice of Violation(s). The conference will be held at the TOSHA office located at \${osha_office_adr1} [#if osha_office_adr2 != 'UNKNOWN'], \${osha_office_adr2} [/#if], \${osha_office_city}, \${osha_office_state} \${osha_office_zip} on _____ (date) at _____ (time). Employees and/or representatives of employees have a right to attend an informal conference.

Post this notice twenty-four (24) hours prior to the informal conference.

A copy of this notice must be brought to the informal conference.

[#list row as row]

Violation \${row.citation_nbr} Item \${row.item_nbr} [#if row.grp_nbr != 'UNKNOWN']\${row.grp_nbr}[/#if] Type of Violation: \${row.viol_type}

\${row.viol_desc}

Date By Which Violation Must be Abated:

\${row.abatement_due_date}

[/#list]

**Tom Herrod, Manager of Public Sector Program
Division of Occupational Safety and Health**